



MEMPHIS AMBASSADORS PROGRAM

DRUG FREE WORK PLACE POLICY

I, _____, as a participant in the
(Name of MAP Participant)

Memphis Ambassadors Program (MAP), agree that I will not use, sell, distribute, manufacture, or possess illegal drugs and/or unauthorized controlled substances including alcohol at school or the work place during my participation in the Memphis Ambassadors Program. I further agree that I will not report to school or the work place under the influence of any controlled substance. I further understand that violation of this policy, at a minimum, will lead to immediate dismissal from the Memphis Ambassadors Program.

Print Name of Participant

Date: _____

Signature

Print Name of Parent, Guardian, Legal Custodian

Date: _____

Signature of Parent, Guardian, Legal Custodian